| Application or | Docket | Number |
|----------------|--------|--------|
|----------------|--------|--------|

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | • | SMALL E TYPE [| | OR | OTHER SMALL | | |
|--|--|---|---|--|--|--|--|-------------------|---|------------------------|----------------|--|------------------------|
| FC |)R | N | | RFILED | | NUMBER I | | Г | RATE | FEE | · [| RATE | FEE |
| BASIC FEE | | | | | | | | | 345.00 | OR | 4.5 | 690.00 | |
| то | TAL CLAIMS | | 27 | minus 2 | 20= | ★ | 1 | | X\$ 9= | | OR | X\$18= | 12 |
| IND | EPENDENT CL | AIMS | U | minus | 3 = | * | , | - | X39= | | OR | X78= | 78 |
| MU | LTIPLE DEPEN | DENT CL | AIM PRI | ESENT | | | | | +130≃ | | OR | +260= | |
| * If | the difference | in columi | n 1 is le | ess than ze | ro, e | enter "0" in c | column 2 | L | TOTAL | | OR | TOTAL | 894 |
| CLAIMS AS AMENDED - PART II | | | | | | | 4 | | | OR | OTHER THAN | | |
| | The state of the Control | (Colum CLAIN | | at Yara Contra | | Column 2) HIGHEST | (Column 3) | | SWALL | | | OMALL | |
| AMENDMENT A | | REMAIN AFTE AMENDA | NING R | | PF | NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NDM | Total | * | | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| AME | Independent FIRST PRESE | * | 1 | Minus | DENI | | = | | X39= | | OR | X78= | |
| | FIRST PRESE | NIATION | OF WIO | LTIPLE DEI | ENL | DENT CLAIM | | | +130= | | OR | +260= | |
| | | | | | | • | | <u> </u> | TOTAL | | OR | TOTAL ADDIT, FEE | |
| | | | | | | | | | NNIT EEE I | | ••• | | |
| | | 60 1 | | | ,, |) - l O) | (O-1, 0) | AI | DDIT. FEE | | | AUDIT. FEL | |
| | | (Colum | | 4-av - 3815 | | Column 2) | (Column 3) | AI — 1 | | | • • | AUDIT. TEL | |
| ENT B | | (Colum CLAII REMAII AFTI AMEND | MS NING ER | | P | Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR | (Column 3) PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NDMENT B | Total | CLAII REMAII AFTI | MS NING ER MENT | Minus | P | HIGHEST NUMBER REVIOUSLY | PRESENT | | | TIONAL | OR | | TIONAL |
| AMENDMENT B | Independent | CLAII REMAII AFTI AMEND | MS NING ER MENT | Minus | ** | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA = = | AI | RATE | TIONAL | | RATE | TIONAL |
| AMENDMENT B | | CLAII REMAII AFTI AMEND | MS NING ER MENT | Minus | ** | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA = = | AI | RATE X\$ 9= | TIONAL | OR | RATE X\$18= | TIONAL |
| AMENDMENT B | Independent | CLAII REMAII AFTI AMEND | MS NING ER MENT | Minus | ** | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA = = | | RATE X\$ 9= X39= | TIONAL | OR OR | RATE X\$18= X78= | TIONAL FEE |
| AMENDMENT B | Independent | CLAII REMAII AFTE AMEND * ENTATION | MS NING ER MENT | Minus | P ** PEN | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA = = | A | RATE X\$ 9= X39= +130= TOTAL | TIONAL | OR OR | RATE X\$18= X78= +260= TOTAL | TIONAL FEE |
| C AMENDMENT | Independent | CLAII REMAII AFTE AMEND * * COlum CLAI REMAI | MS NING ER MENT I OF MU | Minus | PEN (| HIGHEST NUMBER REVIOUSLY PAID FOR * DENT CLAIM Column 2) HIGHEST NUMBER | PRESENT EXTRA = = | A | RATE X\$ 9= X39= +130= TOTAL DDIT. FEE | TIONAL FEE | OR OR | RATE X\$18= X78= +260= TOTAL ADDIT. FEE | TIONAL FEE |
| C AMENDMENT | Independent | CLAII REMAII AFTE AMEND * ENTATION (Colum | MS NING ER MENT OF MU OF MU MS NING ER | Minus | PENI | HIGHEST NUMBER REVIOUSLY PAID FOR * DENT CLAIM Column 2) HIGHEST | PRESENT EXTRA = = (Column 3) | A | RATE X\$ 9= X39= +130= TOTAL | TIONAL FEE | OR OR | RATE X\$18= X78= +260= TOTAL | TIONAL |
| C AMENDMENT | Independent | CLAII REMAII AFTE AMEND * * COlum CLAI REMAII AFTI | MS NING ER MENT OF MU NING ER MENT | Minus | PENI | HIGHEST NUMBER REVIOUSLY PAID FOR * DENT CLAIM Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA = = (Column 3) PRESENT | A | RATE X\$ 9= X39= +130= TOTAL DDIT. FEE | ADDI- TIONAL | OR OR | RATE X\$18= X78= +260= TOTAL ADDIT. FEE | ADDI- TIONAL |
| C AMENDMENT | Independent FIRST PRESE Total Independent | CLAII REMAII AFTE AMEND * * CCOlun CLAI REMAII AFTI AMEND * | MS NING ER MENT I OF MU MS NING ER MENT | Minus Minus Minus Minus | PENI | HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA = = A (Column 3) PRESENT EXTRA = = = | A | RATE X\$ 9= X39= +130= TOTAL DDIT. FEE RATE X\$ 9= | ADDI- TIONAL | OR OR OR | RATE X\$18= X78= +260= TOTAL ADDIT. FEE RATE X\$18= | ADDI- TIONAL |
| AMENDMENT | Independent FIRST PRESE | CLAII REMAII AFTE AMEND * * CCOlun CLAI REMAII AFTI AMEND * | MS NING ER MENT I OF MU MS NING ER MENT | Minus Minus Minus Minus | PENI | HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA = = A (Column 3) PRESENT EXTRA = = = | A | RATE X\$ 9= X39= +130= TOTAL DDIT. FEE | ADDI- TIONAL | OR OR OR | RATE X\$18= X78= +260= TOTAL ADDIT. FEE | ADDI- TIONAL |
| AMENDMENT C AMENDMENT | Independent FIRST PRESE Total Independent FIRST PRESE | CLAII REMAII AFTE AMEND * * * * * * * * * * * * * * * * * * | MS NING ER MENT I OF MU MS NING ER MENT | Minus Minus Minus Minus MINUS | PENI PENI PEN | HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM | PRESENT EXTRA = = A (Column 3) PRESENT EXTRA = = = | A | RATE X\$ 9= X39= +130= TOTAL DDIT. FEE RATE X\$ 9= X39= +130= | ADDI- TIONAL | OR OR OR | RATE X\$18= X78= +260= TOTAL ADDIT. FEE X\$18= X78= +260= | ADDI- TIONAL FEE |
| AMENDMENT C AMENDMENT | Independent FIRST PRESE Total Independent | CLAII REMAII AFTI AMEND * * * * * * * * * * * * * * * * * * | MS NING ER MENT I OF MU I OF MU | Minus Minus Minus Minus JLTIPLE DE | PENI PENI | HIGHEST NUMBER REVIOUSLY PAID FOR * DENT CLAIM Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM PAID FOR * DENT CLAIM Column 2) | PRESENT EXTRA = = A (Column 3) PRESENT EXTRA = = A column 3. an 20, enter "20 | A | RATE X\$ 9= X39= +130= TOTAL DDIT. FEE RATE X\$ 9= X39= | ADDI- TIONAL | OR OR OR | RATE X\$18= X78= +260= TOTAL ADDIT. FEE RATE X\$18= X78= | ADDI- TIONAL FEE |